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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/05/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	DRAWING 6	CLAIMS 43	CLAIMS 3
Verified and Acknowledged	<u>Cheryl M. Hawkin</u> <i>initials</i> Examiner's Signature Initials				

ADDRESS

04743
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TITLE

Tape dispenser with a cushioned applicator tip

FILING FEE RECEIVED 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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